

**Sex Offender Registry Board**  
**Affidavit of Indigency In Support of Request for Fee Waiver**

**IF YOU ARE REQUESTING A WAIVER OF ANNUAL FEE, THIS TWO SIDED FORM MUST BE COMPLETED, SIGNED AND RETURNED WITH THE REGISTRATION FEE INVOICE TO S.O.R.B., P.O. BOX 4486, SALEM, MA 01970 NO LATER THAN 30 DAYS FROM DATE ON LETTER.**

**Part A**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Sex Offender Number (SON #): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ If less than one year, list previous addresses:

\_\_\_\_\_

List name and relationship of each person living with you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently employed? Yes ☐ No ☐

If yes, list name(s), address(es) and phone number(s) of current employer(s). If no, list name(s), address(es) and phone number(s) of previous employer(s) during the past year:

\_\_\_\_\_

\_\_\_\_\_

How much do you earn from employment after taxes each month? \$ \_\_\_\_\_

If married, is your spouse employed? Yes ☐ No ☐

If yes, how much does your spouse earn from employment after taxes each month? \$ \_\_\_\_\_

**Part B**

Do you currently receive any of the following forms of public assistance? ☐ TAFDC ☐ EAEDC ☐ SSI

☐ SSDI ☐ Poverty Related Veterans' Benefits ☐ SNAP ☐ Medicaid ☐ Refugee Resettlement

***\*If you checked any of the above boxes, you must provide proof of benefit through current documentation (i.e. copy of benefit statement, bank statement, etc.).***

If you checked any of the public assistance boxes, please go directly to **Part E**.

**Part C**

List the dollar amount you have in:

Cash, savings, or bank accounts \$ \_\_\_\_\_

Stocks, bonds, Certificates of Deposit \$ \_\_\_\_\_

List:

Equity in real estate reasonably convertible to cash \$ \_\_\_\_\_

Equity in motor vehicle(s) not required for employment \$ \_\_\_\_\_

(OVER)

**Part D**

**I. INCOME (Monthly)**

Your salary after taxes \_\_\_\_\_  
Interest, dividends, or other earnings \_\_\_\_\_  
Contribution from other family member(s) \_\_\_\_\_  
Unemployment, Social Security, Workers' \_\_\_\_\_  
Comp., pension, annuities \_\_\_\_\_  
Spouse's salary after taxes \_\_\_\_\_  
Income from "spouse-type" relationship \_\_\_\_\_  
Other income \_\_\_\_\_

**II. EXPENSES (Monthly)**

Your share of basic living costs including  
mortgage, rent, loans and charge accounts\*  
Mortgage/Rent\* \_\_\_\_\_  
Utilities \_\_\_\_\_  
Food \_\_\_\_\_  
Clothing \_\_\_\_\_  
Health care \_\_\_\_\_  
Transportation \_\_\_\_\_  
Loans\* \_\_\_\_\_  
Charge Accounts\* \_\_\_\_\_  
Support for dependents \_\_\_\_\_

Total Income \$ \_\_\_\_\_

Total Expenses \$ \_\_\_\_\_

List creditor(s): \_\_\_\_\_  
\_\_\_\_\_

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Separated or Divorced

Number of Dependents: \_\_\_\_\_ List name and relationship of each person you support:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Part E**

I hereby affirm that the information listed above is true and accurate. By signing this document I do so under the penalties of perjury. I give permission to the Sex Offender Registry Board to verify all of the information contained in this document, including public assistance information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR BOARD USE ONLY. DO NOT WRITE BELOW THIS LINE.**

**Calculations (if necessary):**

Disposable Net Monthly Income \$ \_\_\_\_\_  
(subtract Total Expenses from Total Income in Part D)

Plus Part C (Liquid Assets) +\$ \_\_\_\_\_

Equals Available Funds =\$ \_\_\_\_\_

**Determination:**

☐ Party is indigent because he or she receives one of the above-listed forms of public assistance and payment of fee would constitute an undue hardship. Therefore, payment of fee is waived for this year.

☐ Party is indigent because his or her annual income, after taxes, is 125% or less of the current poverty threshold referred to in G.L. c. 261, § 27A(b) and payment of fee would constitute an undue hardship. Therefore, payment of fee is waived for this year.

☐ Party is not indigent and payment of fee is not an undue hardship. Therefore, payment of fee is due within ten (10) days of notice of this denial of waiver.

Staff Person's Initials: \_\_\_\_\_ Date: \_\_\_\_\_